MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.
LG 187
APPLICANT(S) FILING DATE 69-25-62

_						(
<u> </u>		ILED	AF 1st AME	TER NDMENT	AF 2nd AME	TER
 	IND.	DEP.	IND.	DEP.	IND.	DEP.
$\frac{1}{2}$		1	M pi	<u> </u>	<u> </u>	
3			P	 	-	
4		 	104	 , -		
5		 	101			
6		1	141			
7		-	 			
8		1	 			
9						
10		i				
11		-1				
12		ì				
13		1				
14						
15		_Ĺ_				
16						
17						
18	1	1				
19	 					
20	-	- -				
21	-					
22 23						
24	+		 			
25	1	- , 				
26		+,				
27	 	4-				
28	1					
29	+	+		-+		
30		+		-+		
31		/, 				
32	 	'/- 				
33	 	', 				
34	 	-/				
35	 	', 		-+		
36	1	'/ 				
37	1	/ 				
38	1 - 1	', 				
39		'/ 	+	 - -		
40	 	/ 				
41		7 1		_	_	$\neg \neg$
42	T	1	+			\dashv
43		; 		_	-+	
44		/ 		-+		
45		7 1				
46		7 		\dashv	_	
47		7 1	-+			
48		7		$\neg \vdash$	_	
49		7				—
		/				
50						_
	13					
OTAL ID.	13	J ⊦		J ⊢		.
	13 194	<u> </u>		┛┝	J	و